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ABSTRACT

The Tenderloin Senior Outreach Project (TSOP) in San Francisco facilitated the development of intentional networks among elderly residents of eight single room occupancy (SRO) hotels in an attempt to improve residents' health and well being, and to focus on social and environmental change. The 45 block Tenderloin area is one of the largest "gray ghettos" in the United States with 8,000 elderly men and women living in the deteriorating hotels. The typical resident is a white, unmarried male with few social contacts and a multiplicity of health problems. Social contact grew systematically from initial blood pressure screenings in the hotel lobbies to weekly support and discussion groups in six of the hotels. The group facilitators used Paulo Freire's problem posing educational method to help residents identify common problems, examine their root causes, and develop action plans. Crime was chosen as the key focus of group organization. Empowerment of the elderly was evidenced by the development of a Safehouse Project. Malnutrition was subsequently tackled by the seniors resulting in the establishment of a minimarket and nutrition project. The TSOP is currently a nonprofit organization with half of its board comprised of elderly Tenderloin residents. The TSOP is credited with improving community safety and individual health, and providing the residents with a sense of community, power, and control. (BL)

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BUILDING SUPPORTIVE NETWORKS IN A 'GREY GHETTO':
THE TENDERLOIN SENIOR OUTREACH PROJECT

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1

Building Supportive Networks in a 'Grey Ghetto':
The Tenderloin Senior Outreach Project

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One of the most promising hypotheses about how social support works to influence health suggests that the support received from one's social network leads to a more generalized sense of control, which in turn may positively effect health and well being (1,2). This hypothesis has particularly important implications for the elderly in environments like the inner city single room occupancy hotel, or SRO, where "social marginality" (3), characterized by weak and impermanent ties with one's community is often endemic.

The Tenderloin Senior Outreach Project (TSOP) in San Francisco facilitates the development of intentional networks among elderly residents of eight SRO hotels, in the belief that such support may positively effect physical and mental health. But the Project works on another level as well, in its focus on broader, social and environmental change.

Before looking in detail at TSOP, I want to suggest that a short coming of social support theory to date may lie in its tendency to focus on the individual and his or her supportive network as the sole appropriate unit of analysis. Such an approach often overlooks the more macro level changes which may take place as individuals and communities, empowered by increased social support, work collectively to improve conditions which have had a detrimental effect on their health and quality of life. The latter perspective is in keeping with the philosophy of the Brazilian educator, Paulo Freire (4) whose concern with the development of "critical consciousness" implies a focus on macro as well as micro or individual level empowerment and change.

TSOP grew out of efforts by graduate students at the School of Public Health, University of California, Berkeley, to apply both Freire's philosophy and social support theory to the interrelated problems of poor health, social isolation and powerlessness common among elderly residents of the Tenderloin hotels (5).

Specifically, the students wanted to form support groups in the hotels which would serve as analogues to the "culture circles," which Freire educators had led among oppressed peasants in the developing world. Freire's methodology involves the use of problem posing dialogue as a means of helping group members examine the root causes of problems they collectively face. Group members are helped by a teacher-learner to generate problems or themes that might then be used as a basis for discussion. Using one of these themes (e.g., fear of crime) the leader then poses questions designed to help group members examine the "problems behind the problem," as well as other consequences of the particular

problem being explored. Finally, group members develop a plan of action to deal with the problem and in this way begin to transform their reality. Before examining the attempted application of the Freire approach to the building of supportive networks in the Tenderloin, some background information about this area and its residents is in order.

The 45 block Tenderloin area which begins just one block South of the Hilton Hotel, is one of the largest "grey ghettos" in the U.S. with 8,000 elderly men and women living in its many deteriorating SRO's. The average elderly Tenderloin resident is a white male never married or without a spouse for the last 15-20 years. About 1/3 of these men are former merchant marines who retired to San Francisco late in life and had no family and few friends here. Many have few social contacts, either within the hotel or outside. I did an initial survey of 216 older persons in this area, for example, and found that fully 25% reported having no close friends or relatives whom they talked to even once a month. At the extreme end of the continuum of social interaction and social isolation are the 20% of Tenderloin elders who never or rarely leave their rooms. A multiplicity of health problems are common among the Tenderloin's elderly residents including alcoholism, depression, malnutrition and hypertension. For many, the problems of social isolation and powerlessness are intimately connected to the health problems experienced.

In 1977, three graduate students from the School of Public Health began to offer blood pressure screenings one morning per week in the lobby of one SRO hotel, using these occasions as a time to meet residents and engage them in conversations with each other. Gradually, as trust levels developed, the students encouraged the residents to meet on a regular basis, and they began to facilitate a weekly informal support discussion group in the hotel. While residents at first seemed to attend these meetings simply to drink coffee and talk with the students, they gradually began to show real interest in and concern with one another. For example, when a member of the group was hospitalized with a combination of out-of-control diabetes and heavy drinking, he was visited by another member of the group in the hospital, and he later commented, "that was the first time since I was a child that anyone visited me in the hospital. I had no idea that anyone in this hotel cared, and I'm going to cut down on my drinking".

As the first hotel based support group grew in attendance and popularity, residents of other Tenderloin hotels began asking if they too could have a weekly discussion group, and by 1979, 5 such hotel based discussion groups were operating. Paulo Freire's problem posing educational method was used by the student facilitators to help residents to identify common problems, examine their root causes and eventually develop "action plans" for dealing with them.

Of the many health and related issues raised by the elderly residents, none was so frequently or fervently addressed as the issue of crime. Student facilitators therefore used the issue of crime and victimization of the elderly as a key focus of their Freire problem posing education and of organizing within the individual hotels. The emergence of TSOP's crime project, and the subsequent development by the elderly of an inter-hotel coalition around this issue, well illustrates the gradual empowerment of the elderly as individuals and as a community through the project.

In the fall of 1981, residents from each of then 6 hotel groups viewed a police department film on crime and safety, which advised them to be responsible for insuring their own safety by carrying fake wallets and engaging in other individual level crime deterrent measures. The residents reacted to this film with anger, pointing out that it ignored the broader social and environmental causes of crime, and carried an underlying message which implied blame and guilt. Residents in one hotel who'd seen the film were encouraged by student facilitators to visit other support groups to discuss their feelings, and as a consequence of these inter-group meetings, residents decided to hold a community meeting on the problem of crime in the Tenderloin. Representatives of local agencies were invited to attend, as were different non elderly segments of the concerned community.

Recognizing the power of the media in American society, tenants of several hotels successfully convinced local T.V. stations and newspapers to cover the meeting. The more than 50 residents who attended developed a proposal containing a number of well thought out and often easy to implement recommendations for dealing with crime in a nonvictim blaming manner.

Soon after the highly publicized crime meeting, the elderly residents demanded and were granted a meeting with the mayor and with the chief-of-police. To increase their visibility and cohesion prior to this meeting, the residents organized themselves into a formal inter-hotel coalition: Tenderloin Tenants for Safer Streets (TTSS). The mayor was impressed with the organization of residents, and agreed to implement a number of their recommendations, including increasing the number of beat patrol officers in the Tenderloin and requiring them to stop into the TSOP hotels each morning to get to know their elderly constituency before going on duty.

The elderly residents were extremely pleased with the reception that they received from the mayor who following the meeting cancelled an entire week's agenda in order to spend each morning of that week meeting with TSOP groups in their hotels. But the elderly also realized that if real change was going to happen, they had to continue to work for it themselves and not simply rely on the promises of politicians. Consequently, Tenderloin Tenants for Safer Streets began to meet on a regular basis once a week.

Among the many successful plans and programs that this interhotel coalition has developed, is the Safehouse Project. It evolved when the residents got the idea of approaching local businesses, agencies, bars and restaurants, and asking each of them if they would be a place of refuge, where community residents could go in time of police or medical emergency. The businesses and agencies were asked to put a decal in their window depicting a bird in the safety of its birdhouse, which would serve as a community message telling the person on the street that this was a Safehouse where emergency aid could be received.

In the first two weeks the seniors managed to recruit 14 different stores and other community agencies which agreed to serve as safehouses. The Mayor was invited to open the first Safehouse, in November of 1981. Over the subsequent 2 months crime in the Tenderloin dropped 18%, a fact which the police in the area have attributed in part to this highly successful program. In more recent months 48 Safehouses have been established and they have together been responsible for deterring crime and in other ways assisting community people in 56 different medical and police emergencies. The Safehouse project has received

widespread publicity on the Today Show and in national newspapers and magazines (6), and is now being replicated in several other parts of California.

Following the success of the Safehouse project, elders began to address another major problem, that of malnutrition. Support group members in one hotel worked with the local farmer's market to establish a mini-market which meets one morning every other week in their hotel to offer low cost nutritious fruits and vegetables to residents. In several other TSOP hotels, support group members are working on the development of co-operative food purchasing schemes as part of an overall comprehensive nutrition program for their community.

The crime project and the nutrition project are just two examples of social action organizing efforts which have stemmed directly from the involvement of hotel residents in weekly TSOP support groups. The evolution of leadership in those groups should also be mentioned. For example in several of the hotels, leadership of the groups has been successfully transferred from the student volunteers and TSOP project director to the seniors themselves. Several of the elderly group members also have requested training in group facilitation skills so that they may work with students in facilitating support/discussion groups in new hotels as the Project expands. This aspect of the Project has been particularly important in strengthening intergenerational bonds between students and the elderly residents, a fact noted by Grey Panthers founder Maggie Kuhn who visited TSOP earlier this year and described it as "a living example of the Panther's philosophy, 'age and youth in action'".

In April of 1982, TSOP incorporated as a nonprofit organization, with fully half of its board comprised of elderly Tenderloin residents. The organization recently has received new grants in support of (1) the development of a health promotion resource center, for and by TSOP seniors, and of (2) a program of indigenous leadership training for those elders wishing more formal experience in group leadership and related skills.

While it is difficult to quantitatively measure changes in health status and morale among the residents participating in TSOP discussion groups and other activities, qualitative improvements on these dimensions have been observed and chronicled by the student facilitators. In addition, changes in the community have included a 26% drop in crime over the past year; the initiation of an elder-controlled small business with the development of the mini-market and dramatically increased representation of elders on agency boards and task forces throughout the Tenderloin. While one of course cannot take a change such as the drop in crime and attribute it solely or even largely to a Project such as this, TSOP has been credited with some of the responsibility for this and for a number of other positive neighborhood developments.

Of even greater importance, however, is the fact that the elderly residents themselves are taking responsibility for having collectively helped change their environment. And this feeling of collective empowerment appears to be having a very positive effect on individual and group morale.

I would like to close with my favorite example in this regard. It involves a resident named Norris who, when I first met him 5 years ago would periodically check himself into the State mental hospital in Napa, California, for reality orientation. After 2 years of intensive involvement with TSOP, I noticed that Norris was no longer making these trips to the hospital and asked him what was

going on. "Well", he replied, "I'm very active in the hotel discussion group, I'm a leader in Tenderloin Tenants for Safer Streets, I'm on the Task Force on Aging and I'm a Board member of TSOP. I don't have time for reality."

The policy implications of the Tenderloin Senior Outreach Project are several:

First, many of the "isolated elderly" of SRO hotels do not desire social isolation, and in fact may respond positively to policies and programs designed to increase their degree of involvement in the community and the larger society.

Second, such efforts to "engage" the SRO elders will be most effective if policies and programs attempt to meet the felt needs of residents themselves rather than imposing an agenda from outside.

Third, research designed to examine the influence of intentional support networks on elders should look beyond individual level outcomes to potential community outcomes of increased social interaction. As in the case of TSOP, it may well be that these broader level developments are in turn having an impact on individual wellbeing which would be missed in a more narrowly focused analysis.

In sum, the Tenderloin experience demonstrates the potential role of social support in increasing sense of control and empowerment among low income SRO elders. It further illustrates the way in which intentional network building among previously isolated elderly residents may lead to social action organizing which in turn may result in important changes in the broader SRO environment.

6

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